

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

ATTORNEY DOCKET NO. ADV B-412

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention which is the subject of an application entitled: HORIZONTAL BURNING HID LAMPS AND ARC TUBES; said invention being described and claimed [] in the attached specification [] in the specification of application Serial No. 09/597,547, filed June 19, 2000; that I have reviewed and understand the content of said specification including the claims; that I do not know and do not believe the said invention was ever known or used in the United States before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to said application; that said invention was not in public use or on sale in the United States more than one year prior to said application; that said invention has not been patented or made the subject of an inventor's certificate issued before the date of said application in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months prior to said application; that I acknowledge my duty to disclose information of which I am aware which is material to patentability as defined in 37 CFR 1.56; and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States prior to said application by me or my legal representatives or assigns, except as follows:

| COUNTRY/INTERNATIONAL | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. 119/365 YES NO |
|-----------------------|--------------------|--------------------------------------|---|
| | | | YES NO |
| | | | YES NO |

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application listed below: U.S. Provisional Application S.N. _____ filed _____

I hereby appoint L. Lawton Rogers, III, Reg. No. 24,302; D. Joseph English, Reg. No. 42,514; Mark C. Comtois, Reg. No. 46,285; and Patrick D. McPherson, Reg. No. 46,255 to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Address all correspondence to: Rogers & Killeen
510 King Street, Suite 400
Alexandria, VA 22314

Address all telephone calls to (703) 836-0400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Juris Sulcs
FULL NAME OF SOLE OR FIRST INVENTOR AS SIGNATURE 6/29/00
16585 Heatherwood Lane, Chagrin Falls, Ohio 44023 DATE
RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

Abbas Lamouri

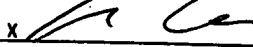
FULL NAME OF SECOND JOINT INVENTOR, IF ANY Abbas Lamouri SIGNATURE 6/28/00
21941 MARIAN CIRCLE, FAIRVIEW PARK OH 44126 DATE
RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

X LIST OF ADDITIONAL INVENTORS ATTACHED

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION

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|---|-------------------------------------|---|---------|
| Bingwu Gu | <input checked="" type="checkbox"/> |  | 6-29-00 |
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY | SIGNATURE | DATE | |
| 27020 Cedar Road, #416, Beachwood, Ohio 44122 | | | |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY | SIGNATURE | DATE | |
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